

VERIFICATION OF LICENSE/REGISTRATION

FROM: Washington State Department of Licensing
 Business and Professions Division

TO: **APPLICANT**

In order to assist the state/jurisdiction in which you hold current licensure/registration in providing information to this agency, complete **this section only** and forward to the appropriate licensing authority in that state. That state/jurisdiction may charge you a fee for this service.

Name _____ Date of Birth _____
LAST FIRST MI MO DAY YR

Address _____

City _____ State _____ Zip _____

License/Registration/I.D. Card No. _____ Expires _____ / _____ / _____

TO: **LICENSING AUTHORITY**

The above named individual is applying for licensure in Washington state as a Private Security Guard based upon his/her license/registration in your jurisdiction. It would be appreciated if you would provide the information below to support his/her application in Washington. The completed form may either be returned to the individual at the address provided or forwarded directly to this office at the address above. Thank you for your assistance to this applicant.

State/Jurisdiction: _____

License/Registration No. _____ Date Issued _____ / _____ / _____ Expires _____ / _____ / _____
MO DAY YR MO DAY YR

License/Registration As: ☐ Unarmed Guard ☐ Armed Guard ☐ Principal of Company

Licensee met minimum preassignment training and testing requirements which consisted of: ☐ Yes ☐ No
 (Please attach a copy of licensing prerequisites and training requirements)

Are there any complaints against Licensee? ☐ Yes ☐ No

Is there any disciplinary activity pending against the Licensee? ☐ Yes ☐ No

If "Yes" to above, what type? _____

Any other information you are able to release will be appreciated. _____

X _____ For the state of _____
 Signature of Administrative Officer

Dated this _____ day of _____, _____